No. 2
-12-45
-17-39
X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1947

Registration District No. 38

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 157

Primary Registration District No. 3006

Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Boone
(b) City or town: Columbia Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wilhite Convalescent Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 months (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Boone
(c) City or town: Columbia
(If outside city or town limits, write "RURAL")
(d) Street No.: 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: MURRAY, Dulcenia
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: James Wm Murray
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August 29 1860 (Month) (Day) (Year)
8. AGE: Years 86 Months 5 Days 7 If less than one day hr. min.
9. Birthplace: Boone Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: " "
MOTHER FATHER
12. Name: John Roberts
13. Birthplace: Ky (City, town, or county) (State or foreign country)
14. Maiden name: Sallie Martin
15. Birthplace: Ky (City, town, or county) (State or foreign country)
16. (a) Informant: Joesph Wm Murray
(b) Address: 603 Walnut Apt 8 Columbia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Columbia Cem
18. (a) Signature of funeral director: R Overcott
(b) Address: Columbia Mo
19. (a) Feb 7, 47 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 6th year 1947 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from Feb. 6th 1947, to at death, 19..; that I last saw her alive on Feb. 2 1947, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	?
Due to: Arteriosclerosis	?
Other conditions: Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations: x
Of autopsy: x

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: x
23. Signature: James G. Miller (M.D. or other) D.O.
Address: 312 C.C. Ave. Columbia Date signed: 7 Feb 47

(Licensed Embalmer's Statement on Reverse Side)

31 Mo

RECEIVED
District Health Officer No. 9
District File Number
Filed 9-11-47

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Lyman H. Shenkle

Licensed Embalmer No. 4013

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.